

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	awilwml		07-09-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BE	897	07-22-01
RESPONSE FORMALITY REVIEW	CC	36114	9-24-01

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral).....	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	27	1
2	✓	28	1
3	✓	29	1
4	✓	30	1
5	✓	31	1
6	✓	32	1
7	✓	33	1
8	✓	34	1
9	✓	35	1
10	✓	36	1
11	✓	37	1
12	✓	38	1
13	✓	39	1
14	✓	40	1
15	✓	41	1
16	✓	42	1
17	✓	43	1
18	✓	44	1
19	✓	45	1
20	✓	46	1
21	✓	47	1
22	✓	48	1
23	✓	49	1
24	✓	50	1
25	✓	51	1
26	✓	52	1
27	✓	53	1
28	✓	54	1
29	✓	55	1
30	✓	56	1
31	✓	57	1
32	✓	58	1
33	✓	59	1
34	✓	60	1
35	✓	61	1
36	✓	62	1
37	✓	63	1
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39	✓	65	1
40	✓	66	1
41	✓	67	1
42	✓	68	1
43	✓	69	1
44	✓	70	1
45	✓	71	1
46	✓	72	1
47	✓	73	1
48	✓	74	1
49	✓	75	1
50	✓	76	1

Claim		Date					
Final	Original						
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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